



IFW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of  
Peter K. Law

Application No.: 10/525,361

Filing Date: 10/24/2005

For: BIOLOGIC SKIN REPAIR AND  
ENHANCEMENT

:  
:: Art Unit: 1614  
:  
: Confirmation No.: 3915  
:  
: Examiner: HUGHES, ALICIA R  
:  
: Attorney Docket No.:  
LAW.020.0007.PC

**REVOCATION OF POWER OF ATTORNEY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

An attached, properly signed and dated revocation of power of attorney is submitted for application serial number 10/525,361.

Please send all correspondence to the address associated with customer number 58789, as directed on the attached form PTO/SB/82.

Please contact Marvin Motsenbocker at 202-659-0100 if there are any questions.

Thank you.

Respectfully submitted,

Marvin A. Motsenbocker  
Registration No. 36,614

Date: March 15, 2007

NDQ&M WATCHSTONE LLP  
Customer No.: 58789  
1300 Eye Street, N.W. 1000 West Tower  
Washington, DC 20005  
Telephone: (202) 659-0100  
Facsimile: (202) 659-0105



PTO/SB/82 (01-06)

Approved for use through 12/31/2006, OMB 0651-0005

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |                        |                  |
|--|------------------------|------------------|
| <b>REVOCATION OF POWER OF ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number     | 10/525,361       |
|  | Filing Date            | 10/24/2005       |
|  | First Named Inventor   | Peter LAW        |
|  | Art Unit               | 1614             |
|  | Examiner Name          | HUGHES, ALICIA R |
|  | Attorney Docket Number | LAW.020.0007.PC  |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

58789

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

58789

OR

|   |  |       |  |     |
|---|--|-------|--|-----|
| <input type="checkbox"/> Firm or<br>Individual Name |  |       |  |     |
| Address   |  |       |  |     |
| City  |  | State |  | Zip |
| Country   |  |       |  |     |
| Telephone   |  | Email |  |     |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

|           |                     |           |                |
|-----------|---------------------|-----------|----------------|
| Signature | <i>Peter K. Law</i> |           |                |
| Name      | Peter K. LAW        |           |                |
| Date      | 3/14/07             | Telephone | 1-905-508-2021 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**Best Available Copy**